

- "I am the Trauma Program Coordinator/Manager/Director of AU Medical Center, Inc. (trauma center name). I, Kyndra Holm (print name), do affirm the following listed equipment and or services will be purchased and placed in service. I, Kyndra Holm (print name), agree to the following eight items listed below (type out all purchased items and or services in the table below, add additional rows if necessary)."



October 3, 2023

Elizabeth Atkins, MSN, RN, TCRN
Executive Director
Georgia Trauma Care Network Commission
248 W. Jefferson St.
Madison, GA 30650

Dear GTCNC members:

Our Pediatric Trauma Program is very grateful for the opportunity to apply for these grant funds again this year! The funding from previous years has significantly improved our ability to offer safe and effective care to injured children in our region.

The institution has provided an empty shell space to use for trauma educational efforts. We have a quote for \$277,549 to complete all of the needed work to make the shell into a useable space. Please see the attached quote. We do have some matching funds to cover the gap between our grant amount and the cost of construction. We are trying to make the room as functional/flexible as possible while minimizing the costs.

This education space will be revolutionary for our trauma program and will allow us to offer ATLS, ATCN, TNCC, ENPC on a regular basis here. We will have storage capability to be able to store our equipment and manikins. Additionally, we plan to offer Trauma Grand Rounds in the space, Trauma Simulations, onboarding and additional training of our trauma nurses and skills fairs for our ED, Trauma ICU and PICU. The dedicated trauma education space will also allow us to offer courses like our Matter of Balance, Safe Kids car seat classes, Safe Sitter, Safe at Home and the Partnership for Healthy Communities training for child abuse prevention. Currently, we have no dedicated space and are guests in the space other programs use for their courses and this limits our ability to offer trauma education.

This is a fantastic opportunity to have a dedicated trauma educational space and I'm hoping that you will look on our request favorably. The benefits will be long lasting and will allow us to greatly increase our trauma education here at AU.

Thank you.

Kyndra Holm, MSN, RN, CEN, TCRN
Pediatric Trauma Program Manager
AU Health – Children's Hospital of GA

DEPARTMENT OF SURGERY
SECTION OF PEDIATRIC SURGERY

Mailing Address:

1446 Harper Street, BP 3112
Augusta, Georgia 30912

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augustahealth.org

FACILITIES PROJECT COST ESTIMATE

Project Name | Nurse Education Space

Project Number

Date | 10.3.2022



COST CODE	COST CATEGORY	ESTIMATE	COMMENTS / NOTES
1000	Construction Costs (including all Alternates)		
	Construction Contract		
	Drop Ceiling with associated MEP	\$ 16,335	
	Fire Protection	\$ 6,014	
	HVAC	\$ 69,387	
	Electrical	\$ 4,626	
	Drywall	\$ 2,122	
	Paint Coatings	\$ 1,244	
		\$ 99,728	
	Accordion Door - this include steel framing	\$ 50,884	
	Flooring	\$ 21,419	
	Scrub Sink	\$ 17,340	
	General Conditions	\$ 12,000	
		\$ 201,371	
	Construction Contingency 10%	\$ 20,137	
		\$ 221,508	
2000	Permits, Testing, Surveys, etc.		
20003	Legal Fees (1% Const Cost)	\$ -	
20004	Testing, Inspections, and Estimating	\$ -	
20005	Survey & Soils Investigation	\$ -	
20006	Pre-Test & Balance	\$ -	
20007	Abatement Costs	\$ -	
20008	DET Consultant Fees	\$ -	
20009	Phase I - Relocation Costs	\$ -	
20010	Permits, Testing, Survey Contingency	\$ -	
		\$ -	
3000	Site Development/Phasing Costs		
30001	Relocate Site Utilities	\$ -	
30002	Relocation Costs	\$ -	
30003	Moving Costs	\$ -	
30004	Firewatch Services (ILSM)	\$ -	
30005	3rd Party Terminal Cleaning Costs	\$ -	
30006	Facility Soft Cost Contingency	\$ -	
		\$ -	
4000	Fixed Equipment, Furnishings, IMS		
40001	Varian Equipment	\$ -	
40001.1	Equipment (including storage, install, freight)	\$ -	
40001.2	Furniture (including storage, install, freight)	\$ 42,000	
40002	Window Treatments	\$ -	
40003	Artwork	\$ -	
40004	Signage & Wayfinding	\$ -	
40005	Telephone / Data Systems	\$ -	
40005.1	* Network Electronics	\$ -	
40005.2	* VoIP Capabilities	\$ -	
40005.3	* Cabling / Interior Infrastructure	\$ -	
40005.4	Mim Software	\$ -	
40005.3	Computers, Monitor, Hardware	\$ -	
40006	Security (Cameras/Monitors)	\$ -	

FACILITIES PROJECT COST ESTIMATE

Project Name Nurse Education Space

Project Number

Date 10.3.2022



40007	Equipment & Furnishings Contingency	\$	5,000	
		\$	47,000	
5000	A&E, Contractor, & Consultant Fees			
50001	A&E Fees (Consultant)	\$	3,000	
50001.1	*A&E Reimbursables	\$	-	
50002	Preconstruction Fees (Contractor)	\$	-	
50002.1	* Preconstruction Reimbursables (including Printing)	\$	-	
50003	Interior Design Consultant (Consultant)	\$	-	
50003.1	* Interior Design Reimbursables	\$	-	
50004	Wayfinding Consultant (Consultant)	\$	-	
50004.1	*Wayfinding Reimbursables	\$	-	
50005	Equipment Consultant (Consultant)	\$	-	
50005.1	*Equipment Planner Reimbursables	\$	-	
50006	Commissioning Agent Fee (Consultant)	\$	-	
50007	Project Management	\$	-	
		\$	3,000	
6000	Other Project Costs			
6000	Project Marketing / Start-Up Costs	\$	-	
60001	Construction Office (Capital Only)	\$	6,041.13	
		\$	6,041	
7000	Project Contingency			
7000	Overall Project Contingency	\$	-	
		\$	-	
TOTAL PROJECT COST:		\$	277,549	Budgetary Range: xxx / SF - xxx / SF
This project cost estimate is valid for 90 days from the date listed above. After 90 days a new cost estimate must be prepared.				

FACILITIES PROJECT COST ESTIMATE

Project Name | Nurse Education Space
Project Number
Date | 10.3.2022

**ASSUMPTIONS (ADDITIONAL INFORMATION MAY BE ATTACHED)**

This is for budgeting purposes only

Exclusions - this quote doesn't include storage rooms, additional electrical outlets, additional IT drops or audio visual equipment

PROJECT FUND APPROVAL (IF NOT A CAPITAL EXPENSE)

Note: Project Fund Approval section is for AUHealth NON-CAPITAL projects. If project is a CAPITAL expense, then Project Requestor should enter the project into the capital portal, StrataJazz, for funding approval.

Medical Center or Medical Associates
Cost Center and Object Code: _____

REQUESTOR (MINIMUM OF DIRECTOR LEVEL):

NAME: _____

SIGNATURE: _____

TITLE: _____

DATE: _____

AUTHORIZED DEPARTMENT BUDGET APPROVAL:

NAME: _____

SIGNATURE: _____

TITLE: _____

DATE: _____

Signature authorizes Facilities Services to proceed with the scope as priced and identified in estimate.

Attachment B



GEORGIA TRAUMA COMMISSION

Provide a notarized affidavit on applying organization's letterhead that affirms the following:

"I am the Trauma Program Coordinator/Manager/Director of Doctors Hospital (trauma center name). I, Christopher Ruiz (print name), do affirm the following listed equipment and or services will be purchased and placed in service. I, Christopher Ruiz (print name), agree to the following eight items listed below (type out all purchased items and or services in the table below, add additional rows if necessary)."

Item(s) or Service(s) Purchased	Number of Units Purchased	Cost of Each Unit	Total Cost
H-1200 Level 1 rapid infuser	2	15,190.00	30,380.00 + 243 tax-500 shipping approx
Stryker trauma stretcher	2	10,209.42	23,375.49- tax and freight
Portable doppler	2	785.00	1,695.60-tax and freight
Max Plus MTP cooler	6	703.00	4630.45- tax and freight
EXCEL Evacuation chairs	8	3,010.00	16,404.12-tax and freight
Rehab Trauma/Stroke Video	1		3,000.00
Linear Reduction Clamp	1	23,445.06	25,789.57-tax and freight
Navigation Drill-Neuro	1	27,756.62	30,532.28-tax and freight
Stealth station EM kit	1	36,050.00	39,655.00- tax and freight
Active Shooter Kit	8	705.25	5,642.00- 45 tax approx 150 shipp
EMS/Outreach/Injury prevention supplies			10,652.49
Travel/Trauma Conferences			50,000.00
Total Cost of All Items Purchased			

1. Agree to utilize these grant dollars for trauma-related equipment and or services within the trauma center named in the application for the grant.
2. Agree that if there is equipment purchased with grant dollars and is to be sold, the Georgia Trauma Commission will approve the disposal before the disposal is effected.
 - a. Agree that this equipment will not be used as collateral for a loan beyond the amount of local contribution.
 - b. Agree that this equipment will remain titled to the original grantee unless permission is obtained from the Georgia Trauma Commission to reallocate this equipment to another trauma center.
3. Agree that these grant dollars will not be used to supplant, decrease or reallocate the existing budgeted dollars to the trauma program or trauma service.
4. Applying organization agrees to provide representation in the following Georgia Trauma Commission-sponsored trauma system activities for CY 2022-2023: Trauma Program Manager or equivalent role in the Georgia Committee for Trauma Excellence; Trauma Medical Director or equivalent role in the Trauma Medical Director Conference Calls; Trauma Program Manager and Trauma Medical Director or equivalent roles to attend the Spring 2021 Trauma Symposium and Spring Meeting; Senior Executive responsible for the Trauma Program in the Trauma Administrator's Group; and trauma program representation at the center's respective Regional Trauma Advisory Committee meetings.
5. At the request of the Level III/Level IV/Rural Committee of the GTC and approved by the GTC, a portion of this funding is in support of migration to ESO's web hosting platform. Applying organizations will maintain the ESO trauma registry and submit trauma registry data as required by the Georgia Quality Improvement Program (GQIP).

Attachment B



GEORGIA TRAUMA COMMISSION

Provide a notarized affidavit on applying organization's letterhead that affirms the following:

"I am the Trauma Program Coordinator/Manager/Director of Fairview Park Hospital (trauma center name). I, Lynn Grant (print name), do affirm the following listed equipment and or services will be purchased and placed in service. I, Lynn Grant (print name), agree to the following eight items listed below (type out all purchased items and or services in the table below, add additional rows if necessary)."

Item(s) or Service(s) Purchased	Number of Units Purchased	Cost of Each Unit	Total Cost
TCAR Course	1	11,000.00	11,000.00
Sonosite LX Ultrasound	1	71,032.00	71,032.00
ET CO2 module	2	3608.00	7,216.00
Total Cost of All Items Purchased			89,248.00

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2. Agree that if there is equipment purchased with grant dollars and is to be sold, the Georgia Trauma Commission will approve the disposal before the disposal is effected.
 - a. Agree that this equipment will not be used as collateral for a loan beyond the amount of local contribution.
 - b. Agree that this equipment will remain titled to the original grantee unless permission is obtained from the Georgia Trauma Commission to reallocate this equipment to another trauma center.
3. Agree that these grant dollars will not be used to supplant, decrease or reallocate the existing budgeted dollars to the trauma program or trauma service.
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5. At the request of the Level III/Level IV/Rural Committee of the GTC and approved by the GTC, a portion of this funding is in support of migration to ESO's web hosting platform. Applying organizations will maintain the ESO trauma registry and submit trauma registry data as required by the Georgia Quality Improvement Program (GQIP).

Attachment B

GEORGIA TRAUMA
COMMISSION

Provide a notarized affidavit on applying organization's letterhead that affirms the following:

"I am the Trauma Program Coordinator/Manager/Director of Piedmont Cherokee (trauma center name). I, John Pope (print name), do affirm the following listed equipment and or services will be purchased and placed in service. I, John Pope (print name), agree to the following eight items listed below (type out all purchased items and or services in the table below, add additional rows if necessary)."

Item(s) or Service(s) Purchased	Number of Units Purchased	Cost of Each Unit	Total Cost
Level one Trauma OB	1	15,000	15,000
Endoscope Equip	1	15,000	15,000
ACLS/APP		5,000	5,000
Wheelchairs 3N/ED		25,000	25,000
Conference/CEU/CMC TQIP/SIN/TEAA		10,000	10,000
STB Kits/Material	150	7500	7500
TNCC Literature		2,000	2,000
EMS Outreach/Prep Materials		5,000	5,000
Paper for Billboard		5,000	5,000
Total Cost of All Items Purchased			89,500

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2. Agree that if there is equipment purchased with grant dollars and is to be sold, the Georgia Trauma Commission will approve the disposal before the disposal is effected.
 - a. Agree that this equipment will not be used as collateral for a loan beyond the amount of local contribution.
 - b. Agree that this equipment will remain titled to the original grantee unless permission is obtained from the Georgia Trauma Commission to reallocate this equipment to another trauma center.
3. Agree that these grant dollars will not be used to supplant, decrease or reallocate the existing budgeted dollars to the trauma program or trauma service.
4. Applying organization agrees to provide representation in the following Georgia Trauma Commission-sponsored trauma system activities for CY 2022-2023: Trauma Program Manager or equivalent role in the Georgia Committee for Trauma Excellence; Trauma Medical Director or equivalent role in the Trauma Medical Director Conference Calls; Trauma Program Manager and Trauma Medical Director or equivalent roles to attend the Spring 2021 Trauma Symposium and Spring Meeting; Senior Executive responsible for the Trauma Program in the Trauma Administrator's Group; and trauma program representation at the center's respective Regional Trauma Advisory Committee meetings.
5. At the request of the Level III/Level IV/Rural Committee of the GTC and approved by the GTC, a portion of this funding is in support of migration to ESO's web hosting platform. Applying organizations will maintain the ESO trauma registry and submit trauma registry data as required by the Georgia Quality Improvement Program (GQIP).

Provide a notarized affidavit on applying organization's letterhead that affirms the following:

"I am the Trauma Program Coordinator/Manager/Director of WellStar Cobb. I, Kristy Ruiz, do affirm the following listed equipment and or services will be purchased and placed in service. I, Kristy Ruiz, agree to the following eight items listed below (type out all purchased items and or services in the table below, add additional rows if necessary)."

Item(s) or Service(s) Purchased	Number of Units Purchased	Cost of Each Unit	Total Cost
TCAR training	25	\$300	\$7500
Qinflow Warmer	1	\$3356.00	\$3356
LifeFlow (infuser)	2	\$4185.00	\$8370
MegaCode Kelly	1	\$6000.00	\$6500
Geriatric Protocol development	1	\$20,000	\$20000
Physical Therapy Conference fees	5	\$300.00	\$1500
Trauma Merchandise (SWAG)	>100	Multiple products	\$1284
Trauma Marketing (SWAG)	1000	\$1.19	\$1200
Registrar Training	15	\$335.00	\$5000
Trauma Finance Assessment	1	\$40,000.00	\$40,000
Total Cost of All Items Purchased			\$94,710

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 - a. Agree that this equipment will not be used as collateral for a loan beyond the amount of local contribution.
 - b. Agree that this equipment will remain titled to the original grantee unless permission is obtained from the Georgia Trauma Commission to reallocate this equipment to another trauma center.
3. Agree that these grant dollars will not be used to supplant, decrease or reallocate the existing budgeted dollars to the trauma program or trauma service.
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5. At the request of the Level III/Level IV/Rural Committee of the GTC and approved by the GTC, a portion of this funding is in support of migration to ESO's web hosting platform. Applying organizations will maintain the ESO trauma registry and submit trauma registry data as required by the Georgia Quality Improvement Program (GQIP).